

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	
1						51			
2						52			
3						53			
4						54			
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45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	2					TOTAL IND.			
TOTAL DEP.	22					TOTAL DEP.			
TOTAL CLAIMS	24					TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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